

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045858

C 27 1960

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 182

1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Oregon					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains		Length of stay in 1b 4 hrs		c. CITY OR TOWN Alton		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION West Plains Mem Hosp			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Emma Middle _____ Last Tusher				4. DATE OF DEATH Month December Day 12 Year 1960					
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-4-83	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and state or country) Oregon County, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME John Hollis			13b. MOTHER'S MAIDEN NAME Lucy Dobbs			14. NAME OF HUSBAND OR WIFE Fred Tusher			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Raymond Warren, Rover, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Surgical shock from accidental trauma							INTERVAL BETWEEN ONSET AND DEATH 5 hrs.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Multiple fractures (crushed chest, right humerus, pelvis)				5 hrs.		
			DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Automobile accident					
20c. TIME OF INJURY Hour 12 a.m. 12 Month, Day, Year 12/12/60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		20f. CITY, TOWN, OR LOCATION near Thayer		COUNTY Oregon	STATE Missouri
21. I attended the deceased from 12/12/60 to _____ and last saw him/her alive on 12/12/60 . Death occurred at 3:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>W. Edith M.D.</i> (Degree or title)					22b. ADDRESS West Plains, Missouri			22c. DATE SIGNED 12/15/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-15-60	23c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cem.		23d. LOCATION (City, town, or county) (State) Alton, Missouri				
24. FUNERAL DIRECTOR <i>Leeland Carter, West Plains Mo</i> ADDRESS 12-19-60				25. DATE RECD. BY LOCAL REG. 12-19-60		26. REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leland Carter

Licensed Embalmer No. 4516

P. O. Address West Plains

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, He also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.